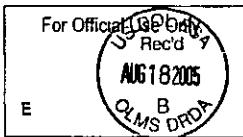


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <b>9851</b>	2 Fiscal Year Covered From <b>01/01/04</b> Through <b>12/30/04</b>
3 Name and address of person filing Name <b>JOSEPH J. BAIRCOS</b>  P O Box, Bldg, Room No, if any  Street <b>121 BRIGHT RIDGE AVE</b> City <b>EAST PROVIDENCE</b> State <b>RI</b> ZIP Code + 4 <b>02914</b>	4 Name, file number, and address of labor organization Name <b>TEAMSTERS LOCAL 251</b> Labor Organization File Number <b>004-870 030541</b>  P O Box, Building and Room Number, if any  Street <b>121 BRIGHT RIDGE AVE</b> City <b>EAST PROVIDENCE</b> State <b>RI</b> ZIP Code + 4 <b>02914</b>
5 Position in labor organization <b>PRESIDENT / BUSINESS AGENT</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name  Trade Name, if any  P O Box, Bldg, Room No, if any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income        7 b Amount

### Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed <u><b>Joseph J. Baircos</b></u>	On <u><b>8/5/05</b></u> <u><b>401-475-3458</b></u> Date Telephone Number

Name of Person Filing <b>JOSEPH J. BAIRDS</b>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <b>SEGAL COMPANY</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street <b>1165 HUNNINGTON AVE</b></p> <p>City <b>BOSTON</b></p> <p>State <b>MA.</b> ZIP Code + 4 <b>02116</b></p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><u>b Trust</u></p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>TEAMSTERS LOCAL 251 HSIP</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street <b>1201 ELMWOOD AVE</b></p> <p>City <b>PROV.</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02907</b></p>	<p>11 a Nature of such dealing</p> <p><b>ACTUARIAL &amp; CONSULTING SERVICES</b></p>
	<p>11 b Approximate dollar value of such dealing <b>106,000.00</b></p>
	<p>12 a Nature of interest held or income received <b>DINNER</b></p> <p><b>CIRQUE DUSOUEL TICKET</b></p> <p><b>1/3 COST ON 12/1/04</b></p>
	<p>12 b Amount <b>41.66</b></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name <b>TEAMSTERS LOCAL 251 HSIP</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street <b>1201 ELMWOOD AVE</b></p> <p>City <b>PROV</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02907</b></p>	<p>14 a Nature of payment</p> <p><b>Reimbursement for Cash Expense incurred at out town meetings. (Taxi, Tips, Lunch)</b></p> <p><b>12/6/2004 - 48.80</b></p>
<p>13 b Is the Business an Employer <u>TRUST</u> or Consultant ?</p>	<p>14 b Amount of payment</p> <p><b>\$ 222.20</b></p>

Name of Person Filing <b>JOSEPH J. BAIROS</b>	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <b>DAVIS VISION</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street <b>159 EXPRESS ST.</b></p> <p>City <b>PLAINVIEW</b></p> <p>State <b>N.Y.</b> ZIP Code + 4 <b>11803</b></p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><b>b Trust</b></p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>TEAMSTERS LOCAL 251 HSIP</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street <b>1201 ELMWOOD AVE</b></p> <p>City <b>PROV.</b></p> <p>State <b>RI</b> ZIP Code + 4 <b>02907</b></p>	<p>11 a Nature of such dealing</p> <p style="text-align: center;"><b>PROVIDE VISION CARE FOR PARTICIPANTS OF TEAMSTERS LOCAL 251 HSIP</b></p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p style="text-align: center;"><b>1/3 COST DINNER TICKET CIRQUE DUSOLIER 12/04</b></p> <p>12 b Amount <b>41.66</b></p>

<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing <b>JOSEPH J. BAROS</b>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name, if any)</b>  Name <b>COIA &amp; LEPORE LTD</b>  Trade Name, if any  P O Box, Bldg, Room No, if any  Street <b>226 SOUTH MAIN ST</b>  City <b>PROVIDENCE</b>  State <b>R.I.</b> ZIP Code + 4 <b>02903</b>	<b>9 Business deals with</b>  a Labor Organization <input checked="" type="radio"/> b Trust c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name <b>TEAMSTERS LOCAL 251 HSIP</b>  Trade Name, if any  P O Box, Bldg Room No, if any  Street <b>1201 ELMWOOD AVE</b>  City <b>PROV</b>  State <b>R.I.</b> ZIP Code + 4 <b>02904</b>	<b>11 a Nature of such dealing</b>  <b>PROVIDES LEGAL BENEFIT FOR PARTICIPANTS OF LOCAL 251 HSIP</b>  <b>11 b Approximate dollar value of such dealing</b> <b>263,712.80</b>  <b>12 a Nature of interest held or income received</b>  <b>1-CASE WINE CHRISTMAS GIFT</b>  <b>12/04</b>  <b>12 b Amount</b> <del>263,712.80</del> <b>100.00</b>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b>  Name  Trade Name, if any  P O Box, Bldg, Room No, if any  Street  City  State ZIP Code + 4	<b>14 a Nature of payment</b>
<b>13 b Is the Business an Employer or Consultant ?</b>	<b>14 b Amount of payment</b>

Name of Person Filing <b>JOSEPH J. BAIROS</b>	File Number U-
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<b>B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested</b>	
<b>8 Name and address of Business (including trade name, if any)</b>  Name <b>COIA &amp; LEPORE LTD.</b>  Trade Name, if any  P O Box, Bldg, Room No, if any  Street <b>226 SOUTH MAIN ST.</b>  City <b>PROVIDENCE</b>  State <b>RI</b> ZIP Code + 4 <b>02903</b>	<b>9 Business deals with</b>  a Labor Organization  <input checked="" type="radio"/> b Trust  c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name <b>TEAMSTERS LOCAL 251 HSIP</b>  Trade Name, if any  P O Box, Bldg, Room No, if any  Street <b>1201 ELMWOOD AVE</b>  City <b>PROV</b>  State <b>RI</b> ZIP Code + 4 <b>02907</b>	<b>11 a Nature of such dealing</b>  <b>PROVIDES LEGAL BENEFIT FOR PARTICIPANTS OF LOCAL 251 HSIP</b>  <b>11 b Approximate dollar value of such dealing</b> <b>263,712.80</b>  <b>12 a Nature of interest held or income received</b>  <b>DINNER AT ANNUAL HAW MEETING</b>  <b>12/04</b>  <b>12 b Amount</b> <b>147.00</b>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b>  Name  Trade Name, if any  P O Box Bldg, Room No, if any  Street  City  State ZIP Code + 4	<b>14 a Nature of payment</b>
<b>13 b Is the Business an Employer or Consultant ?</b>	<b>14 b Amount of payment</b>

Name of Person Filing <b>JOSEPH J. BAIRIOS</b>	File Number U-
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name, if any)</p> <p>Name <b>COIA &amp; LEPORE LTD</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>226 SOUTH MAIN ST</b></p> <p>City <b>PROV.</b></p> <p>State <b>R.I.</b> ZIP Code + 4 <b>02903</b></p>	<p><b>9</b> Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="radio"/> b Trust</p> <p>c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>TEAMSTERS LOCAL 251 HSIP</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>1201 ELMWOOD AVE</b></p> <p>City <b>PROV.</b></p> <p>State <b>R.I.</b> ZIP Code + 4 <b>02907</b></p>	<p><b>11 a</b> Nature of such dealing</p> <p style="text-align: center;"><b>PROVIDES LEGAL BENEFIT FOR PARTICIPANTS OF LOCAL 251 HSIP</b></p>
	<p><b>11 b</b> Approximate dollar value of such dealing <b>263,712.80</b></p>
	<p><b>12 a</b> Nature of interest held or income received</p> <p style="text-align: center;"><b>MOTORCYCLE RENTAL AT ANNUAL HYW MEETING 12/04</b></p>
	<p><b>12 b</b> Amount <b>109.63</b></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a</b> Nature of payment</p>
<p><b>13 b</b> Is the Business an Employer or Consultant ?</p>	<p><b>14 b</b> Amount of payment</p>

Name of Person Filing	File Number U-
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name, if any)</p> <p>Name <b>PROVIDENCE GROUP MELON BANK</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>200 TURKS HEAD PLACE SUITE 900</b></p> <p>City <b>PROV.</b></p> <p>State <b>R.I.</b> ZIP Code + 4 <b>02903</b></p>	<p><b>9</b> Business deals with</p> <p>a Labor Organization</p> <p><input checked="" type="radio"/> b Trust</p> <p>c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <b>TEAMSTERS LOCAL 251 H&amp;P</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street <b>1201 ELMWOOD AVE</b></p> <p>City <b>PROV.</b></p> <p>State <b>R.I.</b> ZIP Code + 4</p>	<p><b>11 a</b> Nature of such dealing</p> <p style="text-align: center;"><b>INVESTMENT MANAGER</b></p> <hr/> <p><b>11 b</b> Approximate dollar value of such dealing <b>71,499.52</b></p> <hr/> <p><b>12 a</b> Nature of interest held or income received</p> <p style="text-align: center;"><b>CIRQUE DUSOLIEL DINNER TICKET 1/3 COST ON 12/1/04</b></p> <hr/> <p><b>12 b</b> Amount <b>41.66</b></p>

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg , Room No , if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a</b> Nature of payment.</p>
<p><b>13 b</b> Is the Business an Employer or Consultant ?</p>	<p><b>14 b</b> Amount of payment</p>

Name of Person Filing	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>UNITED HEALTHCARE</u></p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street <u>475 KILVERT ST.</u></p> <p>City <del>PROV</del> <u>WARWICK</u></p> <p>State <u>RI</u> ZIP Code + 4 <del>01901</del> <u>02886</u></p>	<p>9 Business deals with</p> <p>a Labor Organization</p> <p><u>b Trust</u></p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>TEAMSTERS LOCAL 251</u></p> <p>Trade Name, if any <u>HSIP</u></p> <p>P O Box, Bldg, Room No, if any</p> <p>Street <u>1201 ELMWOOD AVE</u></p> <p>City <u>PRO.</u></p> <p>State <u>RI</u> ZIP Code + 4 <u>02907</u></p>	<p>11 a Nature of such dealing</p> <p><u>HEALTH CARE PROVIDER SEEKING TRUST &amp; REPRESENTED EMPLOYEES BUSINESS</u></p> <p>11 b Approximate dollar value of such dealing <u>0</u></p> <p>12 a Nature of interest held or income received</p> <p><u>DINNER WITH STAFF TRUSTEES, PROFESSIONALS + GUEST LOCAL 251 HSIP</u></p> <p>12 b Amount <u>86.21 PER PERSON</u></p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P O Box, Bldg, Room No, if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>